

## General

### Guideline Title

Facilitating client centred learning.

### Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Facilitating client centred learning. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 78 p. [123 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

#### Practice Recommendations

##### Recommendation 1

Create a safe, shame-, and blame-free environment to assess client learning.

*(Level of Evidence = Ib)*

##### Recommendation 2

Use a universal precautions approach for health literacy to create a safe, shame-, and blame-free environment.

*(Level of Evidence = Ib)*

##### Recommendation 3

Assess the learning needs of the client.

*(Level of Evidence = Ia)*

##### Recommendation 4

Tailor your approach and educational design by collaborating with the client and the interprofessional team.

*(Level of Evidence = Ia)*

#### Recommendation 5

Engage in more structured and intentional approaches when facilitating client centred learning.

*(Level of Evidence = Ia)*

#### Recommendation 6

Use plain language, pictures and illustrations to promote health literacy.

*(Level of Evidence = Ia)*

#### Recommendation 7

Use a combination of educational strategies for effective learning:

1. Printed materials
2. Telephone
3. Audiotapes
4. Video
5. Computer-based technology and multimedia presentations

*(Level of Evidence = Ia)*

#### Recommendation 8

Assess client learning.

*(Level of Evidence = IIa)*

#### Recommendation 9

Communicate client centred learning effectively with:

- a. The client
- b. The interprofessional team

*(Level of Evidence = Ib)*

#### Education Recommendations

#### Recommendation 10

Introduce the Listen, Establish, Adopt, Reinforce, Name, and Strengthen (L.E.A.R.N.S.) Model into nursing programs and continuing education courses.

*(Level of Evidence = IV)*

#### Recommendation 11

Reflect on the integration of the L.E.A.R.N.S. Model into everyday practice.

*(Level of Evidence = IV)*

#### Organization and Policy Recommendations

#### Recommendation 12

Commit adequate resources to support structured approaches to facilitate client centred learning.

*(Level of Evidence = IV)*

#### Recommendation 13

Integrate the L.E.A.R.N.S. Model in the delivery of care and services through inclusion in strategic plans and organizational goals.

*(Level of Evidence = IV)*

#### Recommendation 14

Develop documentation tools to support effective communication of client centred learning.

*(Level of Evidence = IV)*

#### Recommendation 15

Implement nursing best practice guidelines where there is adequate planning, strategies, resources, organizational and administrative support and appropriate facilitation of guideline uptake among clinicians.

*(Level of Evidence = IV)*

#### Definitions:

##### Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trial

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi- experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Adapted from "Annex B: Key to evidence statements and grades of recommendations," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in *SIGN 50: A Guideline Developer's Handbook*. Available from <http://www.sign.ac.uk/guidelines/fulltext/50/annexoldb.html> .

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Any condition requiring nursing care

### Guideline Category

Counseling

Management

Risk Assessment

### Clinical Specialty

Nursing

## Intended Users

Advanced Practice Nurses

Nurses

## Guideline Objective(s)

To provide evidence-based recommendations for registered nurses, registered practical nurses, and other health-care providers to facilitate client centred learning that promotes and enables clients to take action for their health

## Target Population

Adults over the age of 18

Note: Needs of children and youth, related to developmental stages and learning, and learning in special populations and accommodation to disabilities are beyond the scope of this guideline

## Interventions and Practices Considered

1. Assessment of client learning and learning needs in a safe environment
2. Collaboration and communication with the client and interprofessional team
3. Use of structured approaches and educational materials to promote health literacy
4. Integration of Listen, Establish, Adopt, Reinforce, Name, and Strengthen (L.E.A.R.N.S.) Model into nursing practice

## Major Outcomes Considered

- Decreased depression
- Improved self-care efficacy
- Improved psychological readiness
- Improved learning and problem-solving
- Quality of life
- Improved pain management
- Improved antiretroviral medication adherence

## Methodology

### Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

### Description of Methods Used to Collect/Select the Evidence

Two searches to identify literature were performed: first, a structured website search was performed looking for guidelines on this topic area; and second, a literature search for systematic reviews and relevant research studies. As part of the rigorous guideline development process for clinical best practice guidelines, a systematic review was conducted. See Appendix C in the original guideline document for details of the search strategy

and outcomes.

### Guideline Search

One individual searched an established list of websites for content related to the topic area in July 2009. This list of sites was compiled based on existing evidence-based practice websites, known guideline developers and recommendations from the literature. Presence or absence of guidelines was noted for each site searched, as well as date searched. The websites at times did not house guidelines but redirected to another website or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/email.

In addition, a website search for existing practice guidelines on facilitating client centred learning was conducted via the search engine "Google." One individual conducted this search, noting the results.

The panel members were asked to review personal archives to identify guidelines not previously found through the above mentioned search strategy.

This search strategy resulted in several guidelines identified as relating to facilitating client centred learning. It was determined that a critical appraisal of these guidelines would serve to inform the development of this guideline. A total of five guidelines on the topic area of client centred learning were identified that met the following initial inclusion criteria:

- Published in English
- Developed 2009 or earlier
- Strictly on the topic of client centred learning
- Evidence-based
- Available and accessible for retrieval

### Literature Search

A health sciences librarian conducted a literature search for existing evidence related to facilitating client centred learning. An initial search of the Medline, Cumulative Index to Nursing and Allied Health (CINAHL), and PsycINFO databases was conducted for literature published between 1999 and 2009. This search was structured to answer the following three clinical questions:

1. How can nurses effectively facilitate client centred learning?
2. What are effective teaching delivery methods/strategies for client centred learning?
3. How do nurses assess client learning?

The literature search described above resulted in several thousands of abstracts on the topic of client centred learning. These abstracts were screened for inclusion/exclusion by two research assistants, based on criteria as identified by the panel. The included articles were then quality appraised by the research assistants. Data tables and summary documents were created for panel use.

Upon receipt of the data tables, the panel identified that the issue of health literacy was not included in the literature review. A second literature search was conducted, using the same databases and all search terms, extending the timeline to October 2010. This second search resulted in hundreds of abstracts. Once again, these abstracts were screened for inclusion/exclusion using the same criteria as previously. A second set of data tables and summary documents were created for panel use. The recommendations in this document are based upon this literature.

### Panel Contributions

Panel members were also asked to review personal archives to identify guidelines and research studies not previously found through the above-mentioned search strategies. One guideline was identified, met the inclusion criteria (as stated previously) and critically appraised using the Appraisal of Guidelines for Research and Evaluation (AGREE) (2001) tool. After panel discussion on the results of the AGREE review, a decision was made to include this fourth guideline to inform the development process.

Eight articles were identified by the guideline development panel. Six of these articles passed the relevance screening and were critically appraised and included in the data extraction tables.

## Number of Source Documents

Six articles passed the relevance screening and were included in the data extraction tables.

# Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trial

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

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## Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

## Description of the Methods Used to Analyze the Evidence

The search strategy resulted in several guidelines identified as relating to facilitating client centred learning. It was determined that a critical appraisal of these guidelines would serve to inform the development of this guideline. Members of the development panel critically appraised five guidelines using the *Appraisal of Guidelines for Research and Evaluation Instrument* (AGREE) (2001). After panel discussion on the results of the AGREE review, a decision was made to include three guidelines to inform the development process of this guideline.

A second search was conducted and resulted in hundreds of abstracts. Once again, these abstracts were screened for inclusion/exclusion using the same criteria as previously. A second set of data tables and summary documents were created for panel use. The recommendations in this document are based upon this literature.

Panel members were also asked to review personal archives to identify guidelines and research studies not previously found through the above-mentioned search strategies. One guideline was identified, met the inclusion criteria (as stated previously) and critically appraised using the AGREE (2001) tool. After panel discussion on the results of the AGREE review, a decision was made to include this fourth guideline to inform the development process.

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

In March 2009, a series of focus groups of subject matter experts and key opinion leaders were hosted by the Registered Nurses' Association of Ontario (RNAO) for the purposes of exploring the scope and purpose of this guideline as well as panel composition. Areas of key resources, gaps and key themes were identified.

Subsequently, an interprofessional panel of nurses and allied health-care professionals with expertise in practice, education and research on client

education from a range of practice settings was convened under the auspices of the RNAO. This panel discussed the purpose of their work and came to a consensus on the scope of this best practice guideline.

The panel members discussed the evidence summaries and key articles and came to a consensus on the best available evidence on which to base recommendations. The panel was divided into three groups, based on the clinical questions, and developed practice, education, and organization and policy recommendations. The panel members as a whole reviewed the draft recommendations, discussed gaps, reviewed the evidence and came to consensus on a final set of recommendations.

## Rating Scheme for the Strength of the Recommendations

Not applicable

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

External Peer Review

Internal Peer Review

## Description of Method of Guideline Validation

This final draft was submitted to a set of stakeholders for review and feedback. The stakeholders represented health-care professionals and clients, from across Canada and internationally. Stakeholders were provided with specific questions to comment on, as well as given the opportunity to provide overall feedback and general impressions. The feedback from stakeholders was compiled and reviewed by the development panel – discussion and consensus resulted in revisions to the draft document prior to publication.

## Evidence Supporting the Recommendations

### Type of Evidence Supporting the Recommendations

The type of evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Facilitating client centred learning is an interactive, holistic and social process where clients become more activated and responsible for decisions about their health.

### Potential Harms

Not stated

## Qualifying Statements

## Qualifying Statements

- These guidelines are not binding on nurses or the organizations that employ them. The use of these guidelines should be flexible based on individual needs and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work.
- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision-making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.
- Nurses, other health-care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guideline. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.

## Implementation of the Guideline

### Description of Implementation Strategy

#### Toolkit: Implementing Clinical Practice Guidelines

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support as well as appropriate facilitation. In this light, the Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers and administrators has published the *Toolkit: Implementation of best practice guidelines* (2012) based on available evidence, theoretical perspectives and consensus. The *Toolkit* is recommended for guiding the implementation of any clinical practice guideline in a health-care organization.

The *Toolkit* provides step-by-step directions to individuals and groups involved in planning, coordinating and facilitating the guideline implementation. These steps reflect a process that is dynamic and iterative rather than linear; therefore, at each phase preparation for the next phases and reflection on the previous phase is essential. Specifically, the *Toolkit* addresses the following key steps, as illustrated in the "Knowledge to Action" framework (RNAO, 2012), in implementing a guideline:

1. Identify problem; identify, review, select knowledge (best practice guideline).
2. Adapt knowledge to local context.
  - Assess barriers and facilitators to knowledge use; and
  - Identify resources.
3. Select, tailor and implement interventions.
4. Monitor knowledge use.
5. Evaluate outcomes.
6. Sustain knowledge use.

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The *Toolkit* is one key resource for managing this process. The *Toolkit* can be downloaded at <http://mao.ca/bpg>  (see also the "Availability of Companion Documents" field).

#### Evaluation/Monitoring of Guideline

Organizations implementing the recommendations in this nursing best practice guideline are advised to consider how the implementation, and its impact, will be monitored and evaluated. The following table, based on a framework outlined in the RNAO *Toolkit: Implementation of best practice guidelines* (2012), illustrates some specific indicators for monitoring and evaluation of the guideline Facilitating Client Centred Learning.



## Implementation Strategies

The RNAO and the guideline development panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies follows:

- Have at least one dedicated person such as an advanced practice nurse or a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.
- Conduct an organizational needs assessment related to facilitating client centred learning to identify current knowledge base and further educational requirements.
- Initial needs assessment may include an analysis approach, survey and questionnaire, group format approaches (e.g., focus groups), and critical incidents.
- Establish a steering committee comprised of key stakeholders and interprofessional members committed to lead the change initiative. Identify short- and long-term goals. Keep a work plan to track activities, responsibilities and timelines.
- Create a vision to help direct the change effort and develop strategies for achieving and sustaining the vision.
- Program design should include:
  - Target population
  - Goals and objectives
  - Outcome measures
  - Required resources (e.g., human resources, facilities, equipment)
  - Evaluation activities
- Design educational sessions and ongoing support for implementation. The education sessions may consist of presentations, facilitator's guide, handouts and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem solving, address issues of immediate concern and offer opportunities to practice new skills.
- Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring replacement staff so participants will not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools
- Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and achievements, acknowledging work well done.
- Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will over time, build the knowledge and confidence of nurses in implementing this guideline.
- Beyond skilled nurses, orientation of the staff to the principles of client centred learning must be provided and regular refresher training planned.
- Teamwork, collaborative assessment and treatment planning with the client, family and interprofessional team are beneficial in implementing guidelines successfully. Referral should be made as necessary to services or resources in the community or within the organization.

## Implementation Tools

Audit Criteria/Indicators

Foreign Language Translations

Mobile Device Resources

Patient Resources

Quick Reference Guides/Physician Guides

Slide Presentation

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Staying Healthy

## IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Facilitating client centred learning. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 78 p. [123 references]

### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2012 Sep

### Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

### Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long-Term Care.

### Guideline Committee

Guideline Development Panel

### Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Declarations of interest and confidentiality were made by all members of the guideline development panel. Further details are available from the Registered Nurses' Association of Ontario.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available in English and French from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#)

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

## Availability of Companion Documents

The following are available:

- Facilitating client centred learning: health education fact sheet for health-care providers. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#) .
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 154 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Facilitating client centred learning webcast launch presentation slides. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012. 30 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Facilitating client centred learning webcast launch: questions and answers. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Oct. 7 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 24 p.

Electronic copies: Available in PDF and as a power point presentation from the [RNAO Web site](#) .

- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .

The appendices in the [original guideline document](#)  contain various resources, including client assessment techniques and communication tools. The table in the "Evaluation/Monitoring of Guideline" section of the original guideline document contains indicators.

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Mobile versions of RNAO guidelines are available from the [RNAO Web site](#) .

## Patient Resources

The following is available:

- Learning about your health: health education fact sheet for clients. Toronto (ON): Registered Nurses' Association of Ontario (RNAO). 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario \(RNAO\) Web site](#) .

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

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